

Michigan Child Care Matters

MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
Bureau of Regulatory Services
Division of Child Day Care Licensing



MORE SENSITIVE ISSUES

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Director's Corner



Our country has always had heroes. For better or worse, sports figures, movie stars and entertainers, and politicians have often been the heroes and role models for children and adults. Since the terrible events of September 11th, we have suddenly found new heroes: firefighters, police officers and emergency medical personnel. These real people embody all that a hero should be — courageous, brave and selfless. Real people whom society recognizes for the contributions they are making for the greater good of all of us. Real people whom we no longer take for granted, but go out of our way to thank for the important jobs they do.

There is a slogan now appearing on television, “Be their hero from age zero.” This started me thinking about how appropriate it is to look at early childhood professionals as heroes. For much too long, child care professionals have been ignored and taken for granted. They have the huge responsibility of caring for and teaching our children, almost from birth. Yet, the rewards early childhood professionals receive are often intangible. A sense of accomplishment and pride, and the love given by the children are the reasons many begin and continue to work in this field.

“Be their hero from age zero.” What do we as early childhood advocates need to do to be heroes to children? Perhaps we can take a cue from our new national heroes. Treat every day as an opportunity to do your best at whatever tasks you may be called upon to perform. Keep a positive attitude, even when things don't go as planned. Follow through with what you start. Remind yourself that, just like we as a nation have watched and learned from those working at Ground Zero, the children in your care are watching and learning from you.

Child care providers constantly rise to these challenges. When you comfort a teething infant, or get

Continued on page 9

Inside This Issue

- Page 2 Terrorism and Children
- Page 3 The Looks of Diversity
- Page 4 Language Not a Barrier
- Page 5 Helping Children and Adolescents Cope with Violence and Disasters
- Page 6 Helping Children Deal with Death
- Page 8 Helping the Grieving Child
- Page 9 The Seven Stages of Grief
- Page 10 Separation Triggers Kids' Greatest Anxiety
- Page 11 Easing Separation Anxiety
- Licensing Update
- Page 12 Just Say “No” To Unnecessary Antibiotics
- Page 13 News from FIA
- Page 14 Resources
- Page 15 CPSC Equipment Recalls
- Page 16 Upcoming Training

The editorial staff of Michigan Child Care Matters bids fond farewells to Ann Gunia, Diane Gillham, and Judy Levine. Thank you for your hard work and for the inspiration you have given us. Best wishes in your future endeavors. You shall be missed.



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Terrorism and Children

Talking With Children About Terrorism

Judith Myers Wallis
Purdue Extension

While children may not be directly affected by the tragic events surrounding the terrorist attack on the Pentagon and World Trade Center, they will have questions about what it means for their world.

While news reports were not intended to alarm children, it is impossible to protect or shield children from knowledge of an event of this size. They have heard or seen media reports and adults discussing the issue, and they can tell that the adults around them are concerned and upset. Continuing bomb threats and heightened security will add to their level of concern and it is critical that the adults in their lives—parents, teachers, and guardians—help children deal with and process this event.

Young children. Preschool children will be very confused by these events. Many young children do not know how to tell if something happened to them or to other people. They have difficulty separating media images from reality. They will be very sensitive to what adults are feeling. Young children can be an important asset to adults at this time, as well.

Holding and hugging young children can be reassuring to both the adults and the children.

Elementary school children. Some school-age children will want to know explanations of the events and the factors involved. It is important to assess each child's level of understanding to see if he or she is capable of understanding the difference between the media reports and the entertainment shows they're used to watching. Help school-age children understand where the attacks occurred and where those cities are in relation to your location.

They will benefit from expressing their ideas in various forms, such as art and music, and with puppets. They also would benefit from taking some kind of action, such as writing letters, preparing a display for the community, or collecting items to help survivors.

Adolescents. Adolescents may act like they do not care, but sometimes that is an attempt to look strong

and save face. Adolescents will want more details and will have more skills and coping strategies to deal with the event, but they still will not deal with it the same way that adults do. Because adolescents tend to look at the world in a black-and-white fashion, they may want to know who the bad guys are and who the good guys are. It would be helpful to guide them toward separating the evil of the event from the value of people. They may be able to understand that the concerns of groups may be legitimate, but that using violence—whether it is a fist, a bomb, or an airplane—is never

the best way to deal with frustration or anger. Adolescents may feel vulnerable, because the President has declared war, and young people are the ones who are sent to fight wars. They may also find that this situation challenges friendships, as each person chooses a way to respond to the crisis. Adults may be able to help adolescents as they realign friendships or may be able to

help teens find common ground to balance with differences.

So what is a parent, teacher, or other caring adult to do when terrorist violence fills the airwaves and the consciousness of America?

Assume the kids know about it. They probably know more than you think. The reality of today's world is that news travels far and wide. Adults and children learn about disasters and tragedies shortly after they occur, and live video footage with close-ups and interviews are part of the report. Children and youth are exposed to the events as soon as they can watch TV or interact with others who are consumers of the news. Not talking about it does not protect children. In fact, you may communicate that the subject is taboo and that you are unavailable if you remain silent.

Reassure young people and help them feel safe. When tragic events occur, children may be afraid the

Children and youth are exposed to the events as soon as they can watch TV or interact with others who are consumers of the news.
Not talking about it does not protect children.

[back to index](#)

same thing will happen to them. Some young children may even think that it already did happen to them. It is important to let them know that they are not at risk—if they are not. Try to be realistic as you reassure them. You can try to support them and protect them, but you can not keep all bad things from happening to children. You can always tell them that you love them. You can say that no matter what happens, your love will be with them. That is realistic, and often that is all the children need to feel better.

Be available and “askable.” Let kids know that it is okay to talk about the unpleasant events. Listen to what they think and feel. By listening, you can find out if they have misunderstandings, and you can learn more about the support that they need. You do not need to explain more than they are ready to hear, but be willing to answer their questions.

Share your feelings. Tell young people if you feel afraid, angry, or frustrated. It can help them to know that others also are upset by the events. They might feel that only children are struggling. If you tell them about your feelings, you also can tell them about how you deal with the feelings. Be careful not to overwhelm

them or expect them to find answers for you.

Support children’s concern for people they do not know. Children often are afraid not only for themselves, but also for people they do not even know. They learn that many people are getting hurt or are experiencing pain in some way. They worry about those people and their well-being. In some cases they might feel less secure or cared for themselves if they see that others are hurting. It is heartwarming and satisfying to observe this level of caring in children. Explore ways to help others and ease the pain.

Look for feelings beyond fear. After reassuring kids, don’t stop there. Studies have shown that children also may feel sad or angry. Let them express that full range of emotions. Support the development of caring and empathy. Be careful not to encourage the kind of response given by one child: “I don’t care if there’s a war, as long as it doesn’t affect me and my family.”

Reestablish routine as soon as possible. Getting back to a normal schedule helps reassure children that their world can again be predictable. □

The “Looks” of Diversity

Carole J. Hamilton, Director

Early Childhood Center Sites, Jeffries Homes, and University Tower
Wayne State University, College of Education

Reprinted from Better Homes and Centers, Fall, 1997

Diversity: What does it look like in an early childhood setting? What is the role of the adults in addressing it? Where do we look for guidance to help us understand and nurture it?

Diversity is the “looks” of all of the people in the setting (children, families, staff) and the thoughts and actions of those people. Take several snapshots of your setting. They will provide views of diversity. Reflect upon those views and begin to develop an understanding and appreciation of them. It is easy to see the many physical characteristics such as skin tones, body types, facial features, well-developed or underdeveloped bodies, gender and race. Adults who understand many diverse concepts do not favor one look over another. They look deeper than “cute.” They show photos or pictures of “real” people, not selecting a look from magazines. They feature the look of

their own families and community, including disabled people.

Beyond the physical characteristics are the thoughts and behaviors of people. The children, their families, and the staff all bring to the child care setting their thoughts, values, behaviors, and culture; and they act them out.

Understanding children and their culture minimizes misunderstandings about issues. All of us who work with children, families, and staff recognize that diversity in backgrounds of people brings many challenging moments. Diversity within a setting forces us to understand the individuals and to assess their behaviors and to choose appropriate strategies. It is important to select strategies that offer us an opportunity to make “comforting connections.”

Continued on Page 7

Language Does Not Have To Be A Barrier

Shereen Arraf, Ph.D.

Coordinator of Assessment, Program Planning, and Evaluation
Dearborn Public Schools

Reprinted from Better Homes and Centers, Fall, 1997

Every culture has its own characteristics. The types of religious practices, kinds of dress, variety of foods, music and dances and types of homes are but a few examples. Child care providers can create environments where respect of diverse values, customs and habits can be fostered. Exploring other languages and ethnic foods, songs and literature are some of the ways that help children appreciate other cultures and their own.

It takes understanding for child care staff to work effectively with parents of different cultures. Working in partnership with the child care setting may be new to these parents. Plan programs and activities carefully to encourage their involvement. It is especially important to include them in designing these programs and activities.

Parents of different cultures may be reluctant to participate because of fears and lack of experience with the child care setting. Encourage them to come to child care with other family members or neighbors. In many cultures, individuals are interdependent and like to do things in groups.

Another way to encourage parent participation in your program is through volunteer activities. Provide opportunities that allow them to be experts and role models. Survey them about their hobbies and interests and then call on them to share with the children. If your program has a parent advisory board or committee, recruit these parents to serve. Give them emotional and social support in this capacity to help increase their confidence as teachers of their own children.

Child care providers and staff also need to learn about the families and communities they serve. If language differences create barriers to learning about the different cultures in the community, a bilingual par-

ent can serve as a community liaison and interpreter. Other volunteer parents can be valuable resources that provide insights into the community.

Following are some suggested strategies for involving parents of different cultures in your program:

- Plan activities where parents of all cultures can work together. Prepare a file of classroom activities for parents to use with children when they volunteer. Have bilingual directions. Go through the activities with parents beforehand so they can be comfortable working with the children without further assistance.

- Have parents who are comfortable volunteering in your home or program, talk with other parents and

encourage them to participate in parent activities.

- Recognize parents' contributions and praise them for their efforts as well as their accomplishments.

- List bilingual contact persons at neighborhood clinics, community agencies, the local Family Independence Agency, the health department, adult and continuing education classes, and associations and clubs.

- Collect bilingual brochures and booklets about community resources.

Good child care settings respond to the strengths and needs of all their families. Each community has its own resources. Helping parents link to these resources will give them more confidence to participate in their child's program. And finally, since children's behavior often reflects past cultural experience, it is important for child care providers and staff to understand the child's culture. By understanding the culture, you will better understand the child. □



[back to index](#)

Helping Children and Adolescents Cope With Violence and Disasters

Excerpted from Publication Number 01-3518

National Institute of Mental Health

U.S. Department of Health and Human Services

Trauma—What is it?

“Trauma” has both a medical and a psychiatric definition. Medically, “trauma” refers to a serious or critical bodily injury, wound, or shock. This definition is often associated with trauma medicine practiced in emergency rooms and represents a popular view of the term. Psychiatrically, “trauma” has assumed a different meaning and refers to an experience that is emotionally painful, distressful, or shocking, which often results in lasting mental and physical effects.

Psychiatric trauma, or emotional harm, is essentially a normal response to an extreme event. It involves the creation of emotional memories about the distressful event that are stored in structures deep within the brain. In general, it is believed that the more direct the exposure to the traumatic event, the higher the risk for emotional harm. For this reason, all children and adolescents exposed to violence or a disaster, even if only through graphic media reports, should be watched for signs of emotional distress.

How Children and Adolescents React To Trauma

Reactions to trauma may appear immediately after the traumatic event or days and even weeks later. Loss of trust in adults and fear of the event occurring again are responses seen in many children and adolescents who have been exposed to traumatic events. Other reactions vary according to age.

For children 5 years of age and younger, typical reactions can include a fear of being separated from the parent, crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial expressions and excessive clinging. Parents may also notice children returning to behaviors exhibited at earlier ages (these are called regressive behaviors), such as thumb-sucking, bed-wetting, and fear of darkness. Children in this age bracket tend to be strongly affected by the parents’ reactions to the traumatic event.

Children 6 to 11 years old may show extreme withdrawal, disruptive behavior, and/or inability to pay attention. Regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, outbursts of anger and fighting are also common in traumatized children of this age. Also the child may complain of stomachaches or other bodily symp-

toms that have no medical basis. Schoolwork often suffers. Depression, anxiety, feelings of guilt and emotional numbing or “flatness” are often present as well. “After violence or a disaster occurs, the family is the first-line resource for helping.

Among the things that parents and other caring adults can do are:

- Explain the episode of violence or disaster as well as you are able.
 - Encourage the children to express their feelings and listen without passing judgment. Help younger children learn to use words that express their feelings. However, do not force discussion of the traumatic event.
 - Let children and adolescents know that it is normal to feel upset after something bad happens.
 - Allow time for the youngsters to experience and talk about their feelings. At home, however, a gradual return to routine can be reassuring to the child.
 - If your children are fearful, reassure them that you love them and will take care of them. Stay together as a family as much as possible.
 - If behavior at bedtime is a problem, give the child extra time and reassurance. Let him or her sleep with a light on or in your room for a limited time if necessary.
 - Reassure children and adolescents that the traumatic event was not their fault.
 - Do not criticize regressive behavior or shame the child with words like “babyish.”
 - Allow children to cry or be sad. Don’t expect them to be brave or tough.
 - Encourage children and adolescents to feel in control. Let them make some decisions about meals, what to wear, etc.
- Take care of yourself so you can take care of the children. ▫

Helping Children Deal with Death

Jerre Cory, Executive Director

Ele's Place, East Lansing

Reprinted from *Better Homes and Centers*, Winter 1994

As most adults know, children grieve differently than adults. They are called the “silent griever” because to most people they look “fine.” If you ask a family who has had a death how their children are, their reply quite often is, “fine.”

Children who have had a death in their family may appear to be fine, but in fact are grieving. Quite often they want to protect the adults in their life, so they do not grieve openly. It also takes longer for children to process and understand the fact that a person in their life has died. The younger a person is cognitively, the longer this takes.

There are basically 3 tasks for a grieving child:

1. Understanding that the death has occurred.
2. Converting grief to mourning by telling their story over and over.
3. Reconciling this death and integrating this loss into their daily lives.

If children are not permitted to grieve and mourn,

they are more likely to:

- commit violent acts of crime
- attempt and complete suicide
- drop out of school
- experiment with drugs and alcohol
- have difficulty forming attachments in their adult life.

To help children deal with their loss, we must be understanding, patient adults. We must always tell the truth, provide safety, listen, and never be shocked or upset by what we hear. Remember, you are setting the tone for their grief work. Try to save your own pain for later, and “wrap around” theirs without stopping them. Don’t be a kleenex pusher or a person who says “don’t cry.” Use the words dead and death.

There are some developmental differences you need to be aware of. Children up to five years old need to know there are 3 reasons why people die. They are very, very, very sick, or they are very, very, very old, or their bodies are very, very, very hurt. At this age, they will not understand death is permanent, but we need to answer their question and tell them “Grandma is dead” over and over, even if six months later they ask when Grandma is coming to visit. I explain the part that what we love about a person is always in our hearts.

Children six to eight have a broader knowledge base and can separate reality from fantasy but may become regressive. They may go back to old behaviors such as thumb-sucking, bed-wetting, and wanting to sleep with their parents. Remember, they are grieving and asking for comfort in their own way.

Eight, nine and ten year olds can understand death is permanent, but may choose not to. The more information they have, the less helpless they feel. At all ages, let the child lead you by asking questions.

Fifth and sixth graders may become dependent and regressive because they feel out of control. Moving to another school, or to another developmental stage, may complicate things.

Teens quite often become angry and feel vulnerable. They feel guilty that they are thinking about their own death, and guilty it wasn’t them who died. They may have physical symptoms for unexpressed feelings, such as stomach aches, head aches, leg aches. If they were previously depressed, they may consider suicide.



[back to index](#)

Use your local mental health emergency services immediately if you suspect this.

If a child or a parent of a child in your group dies inform the other parents and provide them with information about the funeral services. If the death affects the children in the program, perhaps you would like to make a memorial garden where the children and adults can leave something or plant something in memory of the person or pet who has died.

Each of us grieves differently. There are no grades in grief, and no time limit. Grieving is a life long experience. Losing someone close changes a person for-

ever. It takes years to integrate this experience and the person who has died will always be missed.

The good news is that children will go on with growing up and that grieving is a healthy normal process. Those of us who grieve are strong, resilient, productive and happy members of our society.

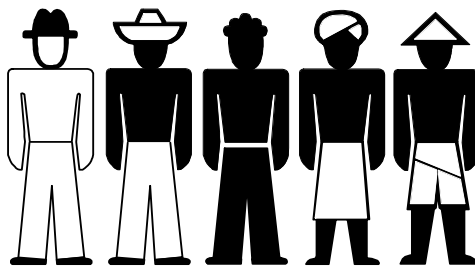
Ele's Place is a center for children who are grieving, to embrace their loss effectively. □

The "Looks" of Diversity, *continued from page 3*

One positive connection is to document what we see, rather than making assumptions. I emphasize, *what we see, not what we feel*. For example, it seems that Johnny is always hitting, but why? And what happens before he hits? Is there someone provoking him? Do we ever write down exactly what happened? Corey never says, "Thank you." Does that indicate that he is an impolite child? Sahida does not say, "Good morning," to the teachers. Does the staff know that she just moved to Detroit from Egypt? Her family is also very uncomfortable. How do we make a connection with them? One way is with a smile and "hello," every day, whether they smile or not. How do we educate the children about Sherry and her wheelchair? They need to know that her legs were not strong when she was born. They need to begin to assist her if she needs help or asks for help. Her needs, like those of all chil-

dren, should be owned by the group.

Where do we look for guidance in understanding diversity? The National Association for the Education of Young Children has set forth some guiding principles in its Code of Ethical Conduct for Early Childhood Professionals (1989). The code provides a moral and humanistic framework to guide providers in their daily actions with young children and their families. It does not tell us "what to do," but tells us our responsibilities to children, their families, and the community. Patricia Ramsey's *Teaching and Learning in a Diverse World* (1980) provides broad goals for the values of a multi-cultural education. Janice Hale's *Black Children: Their Roots* (1986) speaks to the importance of understanding the learning styles of African American children. We can all learn by taking a "closer look." □



Helping the Grieving Child

Bobbe Ragouzeos
Hospice of Lancaster County
Lancaster, Pennsylvania

Reprinted from *Better Homes and Centers*, Winter, 1994

Each of us tries to answer questions about death and dying according to his or her own experiences in life. All such beliefs should be respected. You must know your limits. Remember, it is okay to say, "I don't know."

Responding to the needs of a grieving child means "being there." Each person must let go of his own expectations and try to understand those of the child. Listening is more important than guiding and advising. Stick with the facts and answer questions grieving children have as directly, simply, and honestly as possible. Answer only what the question is asking.

The following guidelines and suggestions may be of assistance to you in working with a grieving student:

1. In talking with a student (or students), use a normal voice and use the words "dead," "dying," and "death." Avoid using phrases that soften the blow such as "went away" or "God took him." This can be confusing.

2. Be simple and straightforward and say: "I am sorry about your mother's death." "I am concerned and would like to help you." "I don't know what to say."

3. Be aware that a grieving child is often not well-rested due to insomnia, sleep interruptions or dreams.

4. Set aside time to talk with the child when he or she returns to school. Use the deceased person's name, or title (i.e. father, grandma) when referring to him or her.

5. Let the child ask questions. Answer all questions as honestly and simply as possible—no little white lies. If something is not clear, let the child know that too.

6. Answer only questions, not statements or expressions of feelings. They are to be listened to.

7. Remember that listening means letting the child lead in discussing what he or she feels is important. By listening carefully, it is possible to relate to some of the child's feelings. This will help him to look at and identify his feelings and understand them better.

8. Encourage the child to express his fears and fantasies.

9. Remember that listening to a child when he or she is depressed is particularly hard. But it is not

true that listening to and reflecting back depressed feelings will encourage more depression. By listening and accepting these depressed feelings, a child can move on from the depression more quickly.

10. Reassure a child that the death is not his fault. Also reassure him that death is not contagious and not all his loved ones will soon die.

11. Don't say "I know just how you feel."

It is possible to relate to a child's feelings and situation, but don't take over those feelings.

12. Be patient. They are still children and may bring up the subject again and again as they try to accept and learn to live with what has happened.

13. Accept the emotions and reactions the child expresses. Do not tell the child how he or she should feel, and do not push empty reassurances on the child.

14. Offer warmth, affection, and the assurance of your physical presence.

15. No matter how well intentioned, teachers must not impose their own religious beliefs on students when answering questions. (An exception to this might be in a parochial school.) There are too many variations in religious viewpoints; sharing these in a public school setting could cause deep confusion and fear. If a child expresses his or her religious ideas about death, it's important for the teacher to respect them.

16. Be sensitive to the child's age and level of understanding. Children may lack the words to express their thoughts and feelings.

17. Do not act as if nothing has happened and wait for the student to initiate conversation.

18. Tell stories and read particular books with children that will increase their understanding and acceptance of death.

19. Death is a natural part of life and a natural topic of discussion in the classroom. It is not necessary to wait until the class is touched by death for the topic to be introduced. Use "teachable moments" to



[back to index](#)

include this topic.

20. Do not be afraid of making mistakes. A grieving child will not be destroyed by an error in judgment. □

Editor's Note:

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Director's Corner, continued from page 1

lunch prepared for hungry toddlers, or keep five pre-schoolers engaged in a group activity, you are a hero. When you spend your evenings preparing for the next day's activities, you are a hero. When you network with other child care professionals to increase your knowledge, or to share your expertise, you are a hero.

Heroes need support, too. Peers provide the most consistent support for many early childhood professionals. Parents may be the most vocal and enthusiastic supporters for you and your program. Licensing consultants are an important member of this support team. *Michigan Child Care Matters*, and other early childhood publications can also provide you with support and motivation. Use these support systems whenever you need to remind yourself of how important the job you do is.

Heroes work as members of a team. Peers, parents, and licensing division staff are all members of the team that provide quality care for children. "Be their hero from age zero." It's not just a slogan. It's a goal — a goal we should strive to achieve each and every day.

Jim Sinnamon, Director
Division of Child Day Care Licensing

The Seven Stages of Grief

Excerpted from I Can, I Will

Dr. John D. Canine

Children go through many stages of grief, just like adults do. The seven stages to look for are:

1. **Numbness:** Just as the adults may go through a period of non-feeling, walking without thinking, doing by rote, a child can have the same reaction.
2. **Alarm:** This is a sense of danger that goes off in the child's brain. It is especially true when a parent or sibling dies. Often, sleeplessness will occur.
3. **Denial:** Again, this is the same as the adult behavior. The child says, or believes, it didn't happen; it couldn't happen. If there is a lot of hyperactivity from the child, that is a sign that the child is denying what happened. A child may not be able to verbally express what he feels, so he will express himself in a physical manner.
4. **Yearning:** This is a regression where the child wants the loved one back. The child may even say this aloud: I want Daddy back.
5. **Searching:** The child thinks a lot about the deceased. The child seems to be waiting for something to happen, like Daddy returning. There is a scanning of the environment. This can manifest itself by watching and listening to the news for the first time, keying in on items that deal with the same kind of death or accident.
6. **Disorganization:** You may see this in school work and social interactions. The child exhibits a lack of interest in work or does not get along with the same friends as before the death.
7. **Reorganization:** The child consciously, or unconsciously, sets new guidelines for himself and his role in the family. □

Separation Triggers Kids' Greatest Anxiety

Excerpted from USA Today (Magazine)

May, 2000

Many children fear the bogey man and the monster under the bed, but some kids' anxieties have nothing to do with make-believe creatures. For them, separating from their parents—even for a short time—creates great physical or emotional distress.

"More children suffer from anxiety disorders than any other psychological problem," notes Wendy Nilsen, a graduate therapist in the Purdue University Anxiety Clinic, West Lafayette, Indiana. "The most common type of anxiety in children in fear is being separated from his or her parents." Such youngsters are afraid they will become hurt or lost while away from their parents or that their parents will be in danger.

A child's natural temperament can play a part in separation anxiety. Many toddlers go through a developmental stage where they fear strangers or separation from their parents. This usually starts at about age nine months and ends about age two, indicates Scott Vrana, associate professor of psychological sciences and director of the Anxiety clinic. For some kids, the condition persists throughout childhood, even causing problems in adolescence and adulthood. "Very often, it is not seen until the child starts preschool, or a parent takes a job outside the home for the first time. Sometimes, life stresses, such as a serious illness or changing schools, can trigger separation anxiety."

"If the child doesn't calm down within 10 minutes after you leave, or if the anxiety goes on for weeks—those are signs that your child may need counseling for the problem," Vrana says. Other signals include a youngster who worries to the point of becoming sick or who refuses to play or sleep over away from home.

Vrana and Nilsen offer tips for all parents faced with children upset about being apart from them for a period of time:

- Do not give in to it. Let children know that they will be okay; help get them settled; and then leave or send them to school.

- Encourage brave behaviors. Remind them how well they have done in the past when Mommy and Daddy have been away, if there were such times. Suggest to them how Barney or the Power Rangers might handle the situation.

- Tell kids in advance what's going to happen. "We've dealt with parents who wake a child up one morning and suddenly send him or her to preschool without ever having talked about it with the child beforehand. That's not good," Vrana emphasizes.

- Focus on the positive. Don't let them dwell on the negative things that might happen, but rather on the fun they will have at school or day care. □



[back to index](#)

Best Practices: Easing Separation Anxiety

Mary Pat Jennings, Licensing Consultant
Isabella County

Children sometimes cry or cling when parents leave them at day care. This separation anxiety is normal for young children. It is hard for infants, toddlers, and some preschoolers to say goodbye because they cannot always understand that parents are coming back. Here are some ideas for smoothing transitions between home and day care:

- Prepare every day care family for the first separation by encouraging a pre-enrollment visit to the day care facility. This will help parents and children become more comfortable with you and your center or home.

- Greet each child individually. Your warm welcome will let children and parents know that you are glad that they are there.

- Make sure that parents say good-bye to children. Slipping away when a child is distracted may make the separation easier for the parent, but it will

make the child feel unsafe and afraid.

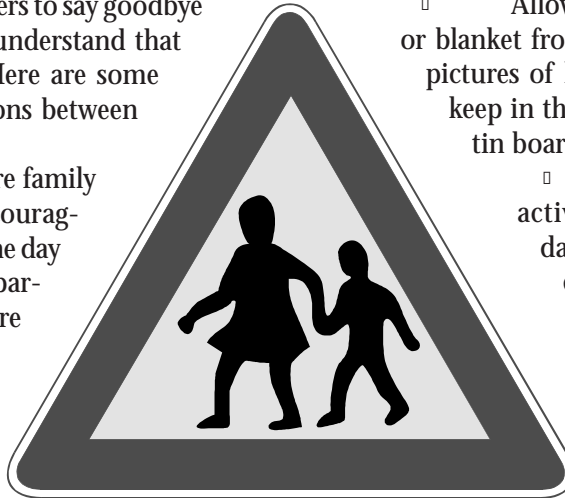
- Encourage drop-off-time rituals or routines such as a daily good-bye wave or hug.

- Allow children to bring a security toy or blanket from home, or ask parents to bring pictures of home and family for children to keep in their cubbies or hang on the bulletin board.

- Guide children to interesting activities when parents leave. Have daily routines and help children understand them (knowing what happens next). This helps children to gain power over their situation and to develop self-control. (A good book for this is *The Kissing Hand*, by Audrey Penn, Ruth Harper, and Nancy

Leak.) Encourage children to express their feelings through art or dramatic play.

- Acknowledge children's feelings and offer comfort. ▫



LICENSING UPDATE

Under Child Care Center Administrative Rule 400.5103(2)(b), a person with a child development credential (CDA), may be qualified as a program director. The Department recently recognized and approved two other training programs as equivalent to the CDA credential. This will enable recipients of these credentials to be approved as center program directors, provided they meet all other requirements as set forth in R400.5103(2)(b).

The programs are:

- School Age Credentialing Program, sponsored by the Michigan 4C, (517) 351-4171
- High/Scope Lead Teacher Training Program, sponsored by High/Scope, (734) 485-2000

More information about these programs may be obtained on the child day care website: www.cis.state.mi.us/brs/cdc/home.htm

Just Say “No” to Unnecessary Antibiotics

Reprinted from “Living Healthy” Magazine with permission from Blue Cross/Blue Shield of Michigan.

Antibiotics: these valuable medical tools won't help you against illnesses caused by viruses, such as the common cold.

When you or your children are sick, antibiotics are not always the best answer. Antibiotics are powerful and effective medications that kill bacteria or stop them from growing. They're commonly prescribed for illnesses caused by bacteria, like strep and pneumonia. But antibiotics *do not cure illnesses caused by viruses* like a common cold. Your doctor can determine the type of illness you have and whether or not you need antibiotics.

Q: What's wrong with using antibiotics for viral infections?

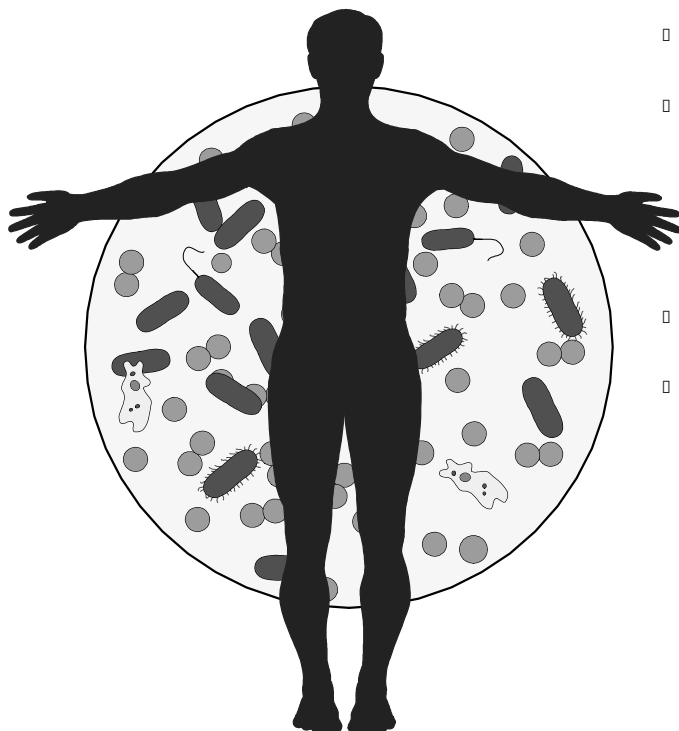
A: Using antibiotics when you don't need them can make bacteria “resistant.” This means bacteria can “learn” to fight back against the antibiotic. The bacteria can then live and multiply. As a result, some antibiotics, like penicillin, are no longer effective against some bacteria they used to kill. And, like all drugs, antibiotics have side effects, which you can avoid by not using them when they won't help you.



Q: What can I do?

A: Remember these tips:

- ▣ Only your doctor can decide whether you need an antibiotic, and if so, which one.
- ▣ Don't insist on getting an antibiotic if you have a viral infection, like a cold.
- ▣ Don't stop taking your antibiotic before you complete your prescription, even if you're feeling better and your symptoms are gone.
- ▣ Follow directions carefully. Take doses on schedule for the number of days indicated.
- ▣ Let your doctor know what other prescription and over-the-counter medicines you're taking.
- ▣ If your illness is caused by a virus, take the over-the-counter remedies to relieve your symptoms and make you feel better.
- ▣ Don't share your medication with anyone.
- ▣ Keep medications out of reach of children and pets.
- ▣ Get plenty of rest, eat well, and wash your hands often to prevent spreading your illness. ▣



[back to index](#)



News From FIA



T.E.A.C.H. Early Childhood® MICHIGAN

Teacher Education And Compensation Helps is a scholarship program for early childhood providers that helps provide training opportunities as well as compensation. Who is eligible for this scholarship? Individuals who currently operate a regulated home day care program or providers who currently work in a licensed center program or group home. This program is helping providers attend approved college classes to earn a CDA or an Associate degree in Early Childhood Education. There is also a scholarship available for the CDA Assessment.

The Associate degree scholarship program assists providers by paying for a portion of tuition, a portion of books, a travel stipend and a release time stipend. At the completion of a T.E.A.C.H. scholarship contract, the recipient is awarded a bonus and agrees to continue working in their current center or home.

Who will this program benefit in Michigan? This program benefits Michigan **children and families** by giving them a chance to bond with a caregiver over an amount of time as well as being cared for by a trained individual who is knowledgeable in the field and understands their development and needs. It benefits **child care professionals** by increasing their knowledge and compensation. It benefits **programs** because they have trained and knowledgeable staff. T.E.A.C.H. also helps address turnover in staff and improve the quality of the program.

If you are interested in a T.E.A.C.H. scholarship or know someone who might be interested in a T.E.A.C.H. scholarship, please call 1-866 MI TEACH for an application or more information.



Medicaid Web Based Information Available

Web-based information that explains Medicaid is available through the Michigan Virtual University. By partnering with the Virtual University, the Michigan Department of Community Health, which administers Medicaid, is able to provide free, convenient web-based information on various Medicaid topics.

"What is Medicaid?" details Medicaid program benefits and qualifications. It is intended for the general public. The site has the additional benefit of audio. This makes information available to users with a wide range of

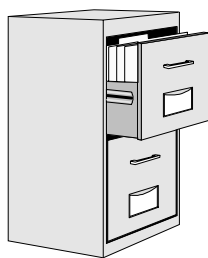
abilities. The site is readily accessible and easy to use. Anyone with access to the Internet can visit. Using the simple instructions, even novice computer users can get the information they need. The site lets each user see the information at his or her own pace. Users can leave the site at any point and return easily to where they left off.

To visit, the users must log on and establish a user name and password.

To sign on, visit:

<http://healthcare@mivu.org>.





Resources: More Sensitive Issues

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[back to index](#)

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**Consumer Product Safety Commission
Infant/Child Product Recalls (not including toys)**

1. LaJobi Industries Crib Recall
2. Little Tikes Swing Recall
3. Evenflo Recall to Repair Home Décor Swing™
Wooden Baby Gates
4. Safety 1st Fold-Up Booster Seat Recall
5. Dorel Juvenile Group Cosco Playpen Recall

For more information, visit the Consumer Product Safety Commission's website: <http://www.cpsc.gov/>

Updated 12/20/01

This publication provides topical information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to parents of children in care, or to provide them with the web address so they may receive their own copy. Issue 43 and beyond are available on the internet. **This document is in the public domain and we encourage reprinting.**

EDITORIAL STAFF

Mary Pat Jennings
Licensing Consultant

Olga Kraska
Licensing Consultant

Tina Marks
Licensing Consultant

Sandy Rademacher
Licensing Consultant

Lynn Smith
Licensing Consultant

Marie Walker
Licensing Consultant

Billy Jones
Child Development &
Care, FIA

Upcoming Conferences

▣ March 11-15, 2002

The Early Head Start Infant Toddler Caregiver Institute, Grand Rapids, www.regionvqnet.org

▣ March 21- 23, 2002

Mich. Assoc. for the Education of Young Children Early Childhood Conference, Grand Rapids, 888-666-2392 or www.miaeyc.org

▣ April 21-23, 2002

Michigan Association Infant Mental Health Mind, Body, and Soul: Nurturing the Whole Baby, Ann Arbor, 734-762-2582 or www.mi-aimh.msu.edu

▣ July 15-19, 2002

The Early Head Start Infant Toddler Caregiver Institute, Mount Pleasant, www.regionvqnet.org

▣ Various Dates, 2002

Infant/Toddler Caregiver Training Series, Various Locations around the State, contact your Local 4C office or Shannon Pavwoski at 517-373-2492 or pavwoski@state.mi.us

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[back to index](#)